

## Against the Grain

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### People Profile: Martha R. Fishel

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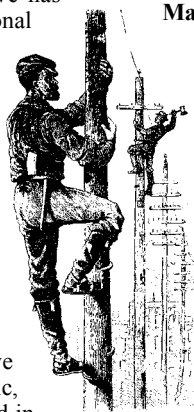
Titles for the Emergency Access Initiative collection were recommended by a small team of medical librarians representing academic, hospital, and government agencies led by NLM. The primary focus was on commonly-requested titles within the **National Network of Libraries of Medicine (NN/LM)** for interlibrary loan, and emergency medicine and public health related titles recommended by the **World Health Organization (WHO)** and the **Centers for Disease Control and Prevention (CDC)**. Additionally, core medical reference works, as well as books about emergency medicine and public health, were recommended for inclusion based upon input from librarians and medical personnel consulted on the project.

A three-person team with representatives from NLM, the publishers, and the **National Network of Libraries of Medicine** serve as the activation team for the Emergency Access Initiative — deciding whether a particular event will trigger EAI. For the purposes of the EAI project, a “disaster” is a naturally-occurring or man-made event that disrupts access to biomedical literature for health care professionals, students, and other users of health science libraries in the United States and internationally (*eai.nlm.nih.gov*). The initial period of free access is four weeks, which may be extended by the activation team as they evaluate conditions and biomedical literature needs in the affected area.

The Emergency Access Initiative has been utilized in four separate regional disasters — Haiti (earthquake), Pakistan (flooding), Haiti (cholera), and Japan (earthquake, tsunami, and nuclear event). During each of these events, the site received from 2,000 to 8,000 visitors who viewed thousands of articles and book chapters. The mostly commonly accessed materials were on emergency medicine, drug reference books, and for the Japanese period, materials on radiation.

The Emergency Access Initiative (EAI) is a partnership of private, public, and government entities that resulted in a humanitarian service that provides free access to biomedical literature and medical reference material to areas impacted by a regional disaster.

NLM acknowledges the participating publishers for their generous support of this initiative: **American Academy of Pediatrics, American Association for the Advancement of Science, American Chemical Society, American College of Physicians, American Medical Association, American Society of Health-Systems Pharmacists, ASM Press, B.C. Decker, BMJ, EBSCOHost, Elsevier, FA Davis, Mary Ann Liebert, Massachusetts Medical Society, McGraw-Hill, Merck Publishing, Oxford University Press, People's Medical Publishing House, Rittenhouse Book Distributors, Springer, University of Chicago Press, Wiley, and Wolters Kluwer.**



## Martha R. Fishel

**PROFESSIONAL CAREER AND ACTIVITIES:** Masters in Library Science, **University of Maryland**; started at **U.S. Department of Interior**; worked at **U.S. National Library of Medicine** since 1976; serials acquisitions, DOCLINE and Loansome Doc development, PubMed Central back file digitization project, MedlinePlus, print retention.

**PHILOSOPHY:** Don't look back unless you have to. Planning for the future is the most positive action we can take for our personal and professional lives. One of the reasons the **National Library of Medicine** has been so successful at what it does is because we look forward and have made changes to our guiding principles as the world changes around us.

**HOW/WHERE DO I SEE THE INDUSTRY IN FIVE YEARS:** Innovations we don't yet know about will enhance access to digital collections and improve the capturing techniques. More libraries will move all electronic, and those with access to digitized backfiles or original print will be in greater demand by historians and serious researchers. 🌱



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### MedPrint

#### NLM's National Cooperative Medical Journals Print Retention Program — by Martha R. Fishel

Since about 2000, medical libraries throughout the United States have increasingly shifted their journal subscriptions from the traditional print to the electronic journal version to meet user expectations of immediate access to material 24 hours a day. While the shift to electronic journals has eased the pressure on the limited physical space in libraries, many libraries have come under pressure to give up physical space to other areas of their parent organizations. As a result, libraries have had to discard the print holdings of some, many, or all of their journal titles — limiting them to the years/volumes available online.

The **National Network of Libraries of Medicine (NN/LM)** and the **National Library of Medicine (NLM)** are working to ensure the preservation and continued access to the historical literature through a new national cooperative medical journals print retention program called **MedPrint**, launched in September 2011. The findings of two regional task forces identified some common themes in many medical libraries with regards to print. Libraries facing pressure to reduce or repurpose library space have already begun removing back issue print journal collections from their stacks. Additionally, they are worried about the loss of the archival record, and the quality of and future access to digitized content.

### NLM's Print Collection

NLM has every intention of retaining its own print collection well into the future. NLM still subscribes to a large number of print journals. As of this writing, 91% of the approximately 18,000 journal subscriptions at NLM are print, and the others are e-only. NLM will continue to subscribe to print for as long as that is an option, unless the print version becomes secondary to the e-version.

### Program Decisions and Parameters

NLM has made decisions that will provide the framework for **MedPrint** for the near future.

1. Approximately 250 **Abridged Index Medicus** and **PubMed Central (AIM/PMC)** titles have been identified as the primary set of materials to preserve in print. These are core clinical titles widely held in the NN/LM. These titles are the most widely-cited and widely-requested material and thus most valuable to protect. Libraries may opt to retain titles outside of this list, but they need not sign the **MedPrint** agreement with NLM to do that.
2. Twelve copies is the minimum number to keep. This relatively high number is justified by the fact that we will not require validation at the issue or page level. NLM's copy will be the 13th copy.
3. Libraries will commit to holding a title until September 30, 2036.
4. Libraries must hold the titles they agree to retain from the first published volume until the title ceased in print or, if still published in print, at least until the year 2000.

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